MUNICIPALITY REPORT OF ABANDONED MOTOR VEHICLE

H-109 REV. 10-88

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES



INSTRUCTIONS

- 1. Complete SECTION A, in duplicate, for each abandoned motor vehicle which is determined to be (a) valued at \$100.00 or less and (b) unusable as a motor vehicle and (c) without a valid marker plate (P.A. 87-372, (d)).
- 2. Submit original copy to the Department of Motor Vehicles within 48 HOURS of the time the motor vehicle is taken into custody.
- 3. Retain the duplicate copy and complete SECTION B when vehicle ownership is transferred. Submit duplicate copy to transferree in lieu of a vehicle title.

TO: DEPARTM	ENT OF MOT	TOR VEHICLES, TITL	E SECTION, 60 STATE STREET,	WETHERSFIEL	D, CT 06109-1896		
SECTION A - TO	BE COMPLET	ED WHEN MUNICIPALI	TY TAKES POSSESSION OF MOTOR	RVEHICLE			
NAME OF MUNICIPALITY (in which title is vested)					DATE AND TIME VEHICLE TAKEN INTO CUSTODY		
NAME OF OFFICER OF	NSPECTOR (who	o determines vehicle meets P.A. 8	7-372, (d))	BADGE NUMBER			
	YEAR	MAKE	VEHICLE IDENTIFICATION NUM	BER			
VEHICLE INFORMATION	LOCATION VEHICLE ABANDONED Street		Street Name or Route #	et Name or Route #		City or Town	
BUSINESS NAME OF T	OWER		AMOUNT OF CHARGE IMPOSED	DBY TOWER REIMBU	JRSEMENT CLAIM FROM STATE (Check one) YES NO		
1 hereby certi identification DEPARTMENT NAME	fy that the ab number has	ove abandoned vehicl been checked through	e meets the specifications of P.A. NCIC.	87-372, (d) and t	hat the vehicle		
AUTHORIZED SIGNATI	URE OF MUNICIPA	AL OFFICIAL		DATE SIGNE	DATE SIGNED		
x							
SECTION B - TO	BE COMPLET NAME	ED WHEN MUNICIPALI	TY TRANSFERS OWNERSHIP OF M	OTOR VEHICLE TO	O JUNKYARD		
INFORMATION	ADDRESS	No. & Street	City or Town	State	Zip Code		
DEPARTMENT NAME				· · · · · · · · · · · · · · · · · · ·			
AUTHORIZED SIGNATURE OF MUNICIPAL OFFICIAL				DATE SIGNED			
x							